

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

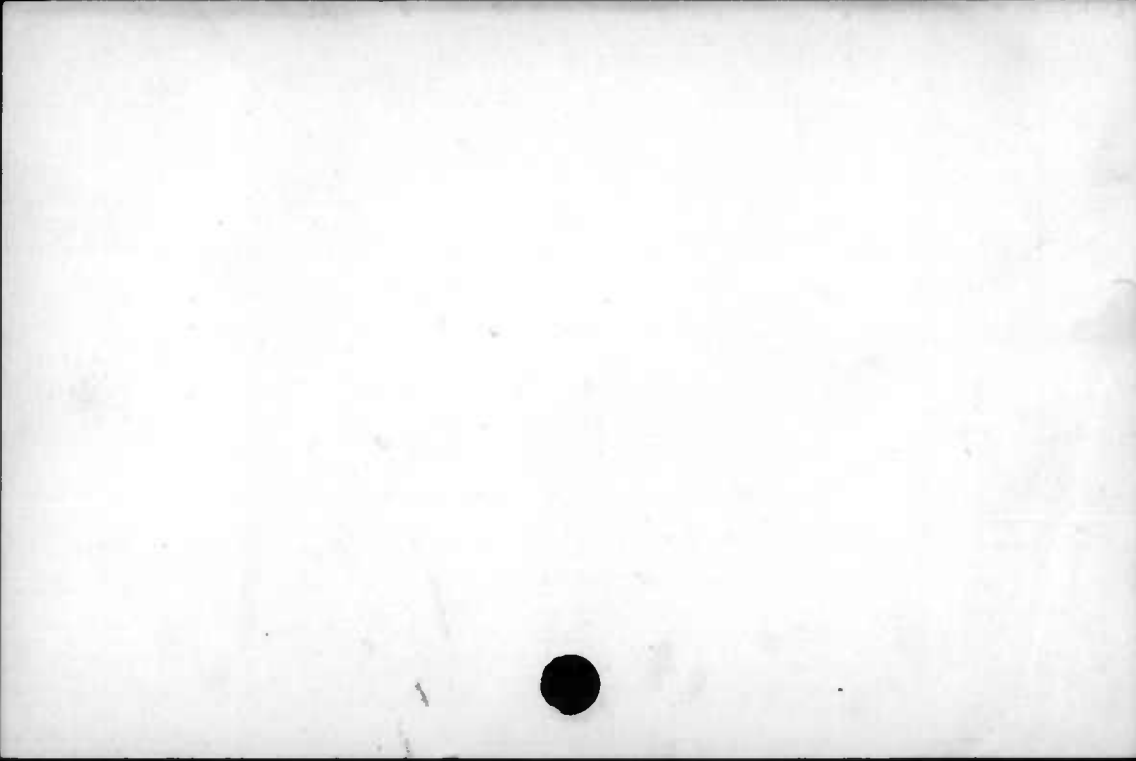
Died at		Town		County		State	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birthplace			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

⑧

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name  
in  
Full

Bertha Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

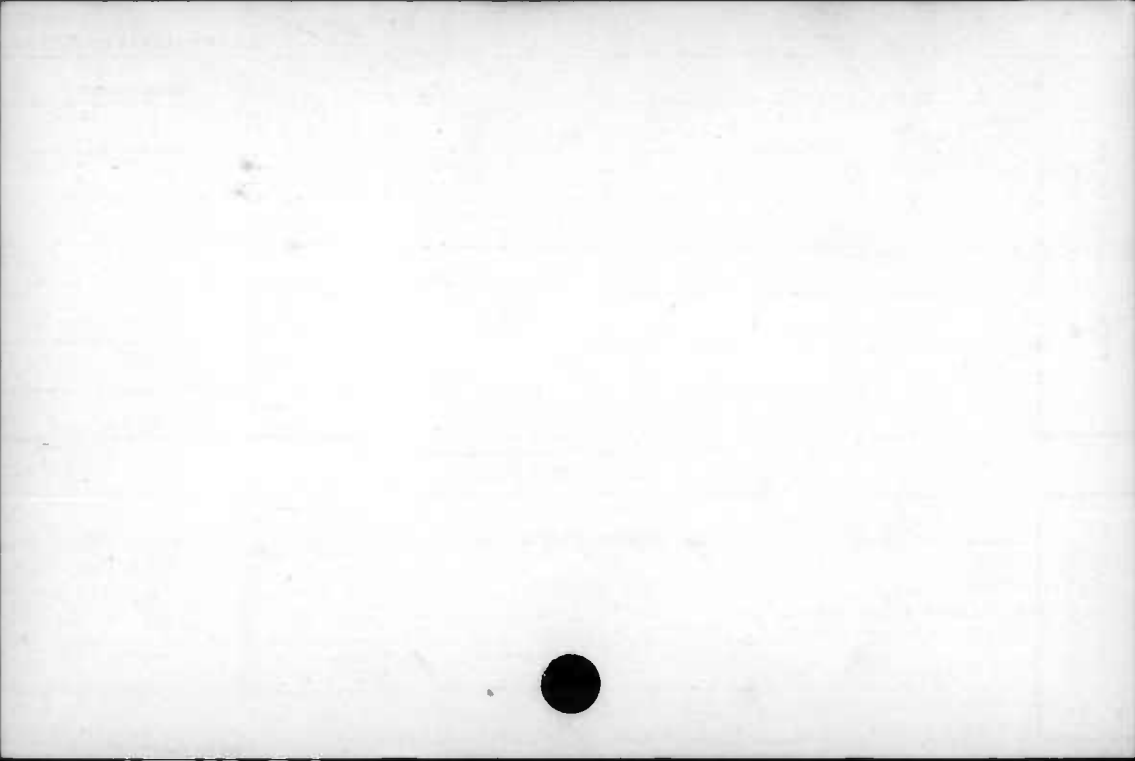
Died at <i>Boyd</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	190 <i>7</i>	Month <i>6</i>	Day <i>4</i>	Age <i>34</i>	Years <i>1</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Montgomery Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, <i>Single</i> or <i>Widowed</i>	Name of Wife or Husband <i>Georg Carroll</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>U. D. Householder</i>	How related to deceased <i>—</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Miliary Tuberculosis</i>	How long <i>4 weeks</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. D. Householder</i>
	Address <i>Danversville Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

*Anna Chesher*

Town

County

MARYLAND

Died at

*Portman*

*Montgomery*

Date

Month

Day

Years

Months

Days

of death

*1907*

*June*

*12*

Age

*23*

Sex

*Female*

Color or  
Race

*white*

Birth-  
place

*Pa*

Occupation

*Housewife*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*James Chesher*

Father's  
Name

*Henry Reed*

Father's  
Birthplace

*Pa*

Mother's  
Maiden Name

*Elizabeth Davis*

Mother's  
Birthplace

*Pa*

Name of person giving  
In formation

*Howard Otterbein*

How related  
to deceased

*Nephew*

CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

*1 yr.*

Immediate

*"*

*"*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*W. J. Porter*

Address

*Portman*

Accident or Suicide?

*No W. L. Davis H.O.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

**27**



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup>		<i>Moat County</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>June</i> <sup>Day</sup>	<i>26</i> <sup>Age</sup>	<i>2</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>Negro</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Wesley Coleman</i>			Father's Birthplace	<i>Martinsburg</i>
Mother's Maiden Name	<i>Rebecca Arthur</i>			Mother's Birthplace	<i>Martinsburg</i>
Name of person giving information	<i>Wesley Coleman</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Found dead</i>	<i>179</i>	How long	<i>Not at all</i>
Immediate	<i>in bed.</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>R. Platt sub-reg</i>		
		Address		
		<i>Martinsburg</i>		
Accident or Suicide?		<i>Med.</i>		





Name  
in  
Full

*Seabilla Collins*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Potomac</i>		Town		<i>Minny</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>29</i>	Age	<i>81</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place		<i>—</i>	
Occupation	<i>none</i>			Where Residing if not at place of death			<i>same</i>		
Married, Single or Widowed			Name of Wife or Husband <i>W<sup>m</sup> Collins</i>						
Father's Name			<i>Ruben Ingalls</i>				Father's Birthplace <i>va</i>		
Mother's Maiden Name			<i>not known</i>				Mother's Birthplace <i>va</i>		
Name of person giving information			<i>Ruben Ingalls</i>				How related to deceased <i>—</i>		

CAUSES OF DEATH

**(64)**

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>		How long	<i>12 days</i>
Immediate	<i>Paralysis</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Pratt</i>		
<i>yes</i>		Address <i>Potomac</i>		
<i>True Copy</i>		<i>W. L. Pratt</i>		
Accident or Suicide?		<i>no</i>		



Name  
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Full

*Augusta Cross*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

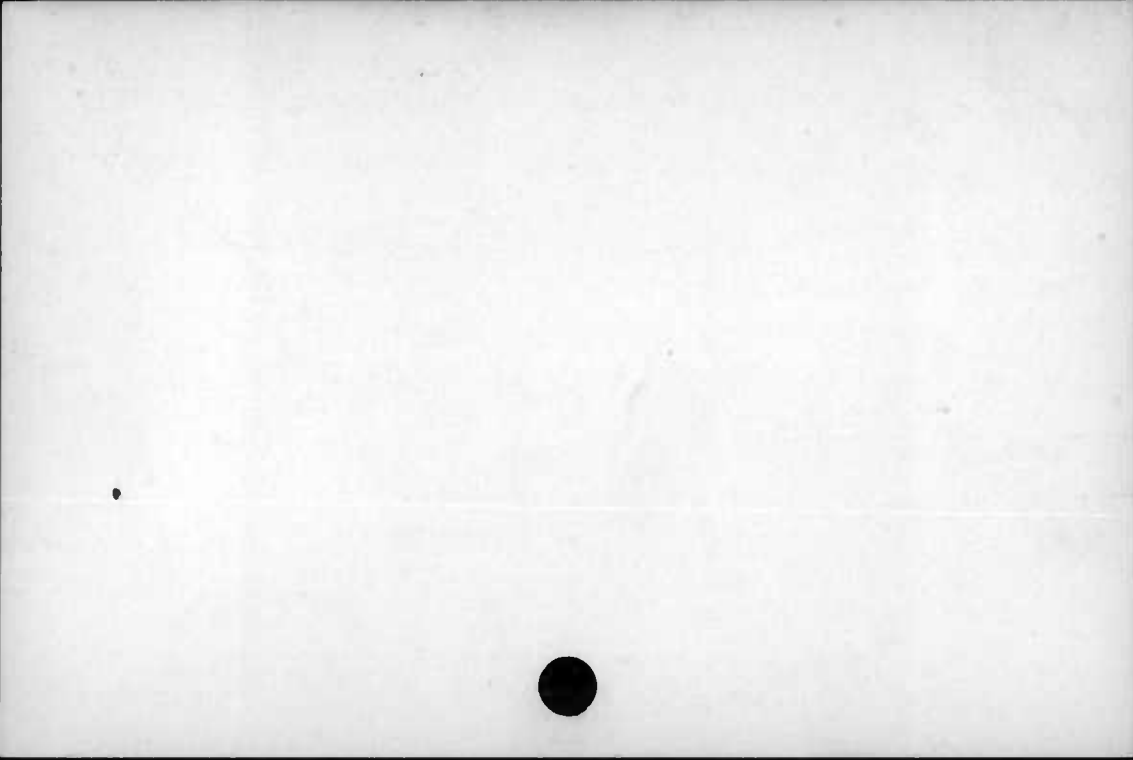
Died at <i>Rockville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	<i>17</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Aug. Cross</i>	Father's Birthplace <i>MA</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

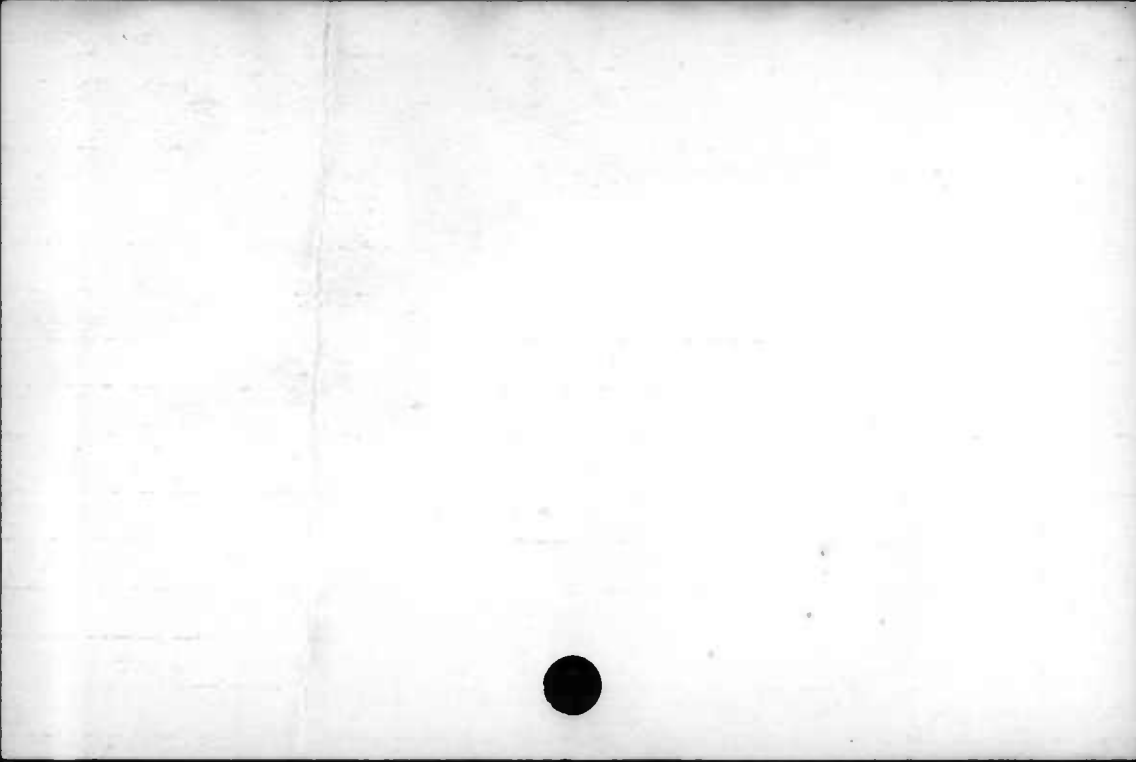
**27**

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>4 hours</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. Louthian</i>
<i>Copy - W. L. L. H. O.</i>	Address <i>Rockville</i>
Accident or Suicide? <i>no</i>	



Name in Full <b>John Grosdale</b>		CERTIFICATE OF DEATH			
Died at <b>Burtonsville</b> <small>Town</small>		<b>Montgomery</b> <small>County</small>		MARYLAND	
Date of death <b>1907</b>	<b>June</b> <small>Month</small>	<b>22</b> <small>Day</small>	<b>84</b> <small>Years</small>	<b></b> <small>Months</small>	<b></b> <small>Days</small>
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Pa.</b>			
Occupation <b>Shoe maker</b>	Where Residing if not at place of death				
<del>Married, Single or Widowed</del>	Name of Wife or Husband <b>Unknown</b>				
Father's Name <b>Thomas Grosdale</b>	Father's Birthplace <b>Pa</b>				
Mother's Maiden Name <b>Edith Rich</b>	Mother's Birthplace <b>Pa</b>				
Name of person giving information <b>Ed Rich</b>	How related to deceased <b>Grand son</b>				
CAUSES OF DEATH					
Primary <b>General debility</b>	<b>(179)</b>		How long <b>4 mo.</b>		
Immediate <b>Heart failure</b>			How long <b>5 days</b>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. R. Patton</b>			
		Address <b>Spencerville Md</b>			
Accident or Suicide?					



Name  
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## CERTIFICATE OF DEATH

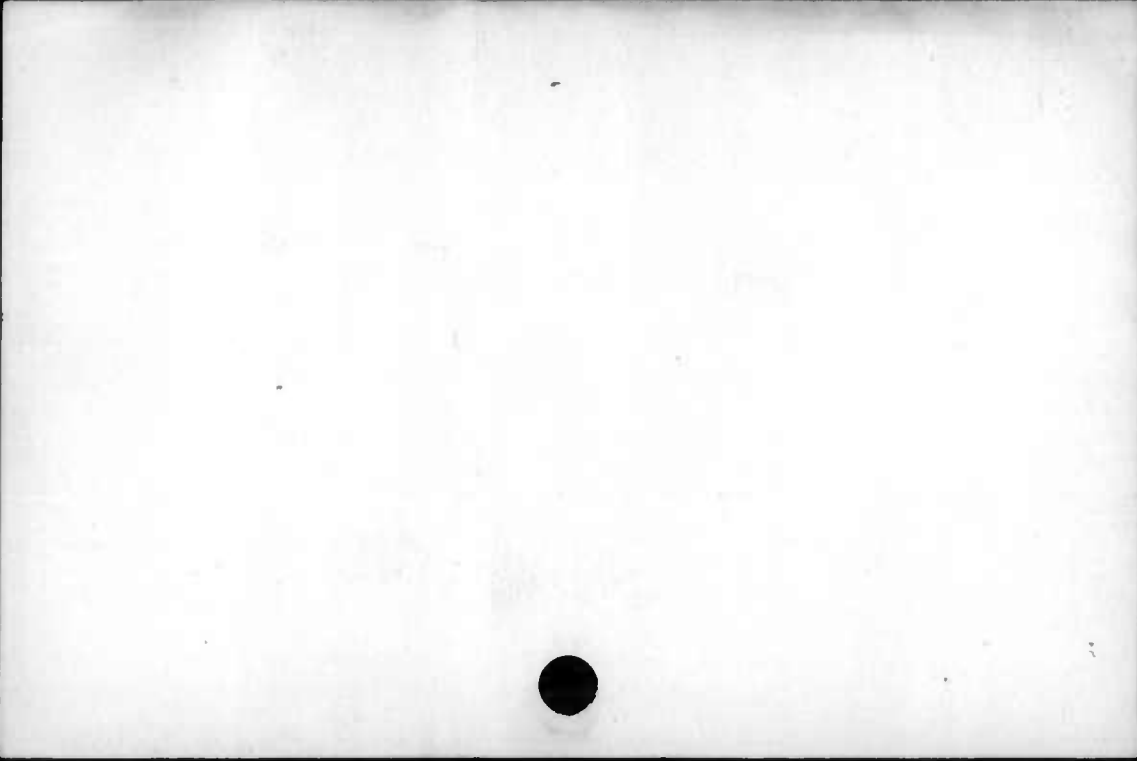
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Spring</i> <sup>Town</sup>		<i>Donaldson</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>4</i>	Age <i>0</i>	Months <i>0</i>	Days <i>14 hrs</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>0</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robt Hilson Donaldson</i>		Father's Birthplace <i>Ill.</i>			
Mother's Maiden Name <i>Martha Taylor</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>" Donaldson</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>(V78)</i>	How long
Immediate <i>Syncope</i>		How long <i>14 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. T. Brown</i>
<i>Yes.</i>		Address <i>Silver Spring Md.</i>
Accident or Suicide?		





in  
Full

William Edward Easton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Sandy Spring* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**

Date of death 1907 *July* <sup>Month</sup> *19* <sup>Day</sup> Age *58* <sup>Years</sup> *5* <sup>Months</sup> *—* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Howard, C.O.*

~~Married~~, Single *Occupation* *Laborer*

Name of Wife or Husband *—*

Father's Name *William Easton* Father's Birthplace *Montgomery Co., Md.*

Mother's Maiden Name *Henrietta Easton* Mother's Birthplace *" "*

Name of person giving information *Harry Easton* How related to deceased *Brother*

## CAUSES OF DEATH

V12

PHYSICIAN  
OR CORONER

Primary *Sclerosis of the Liver.* <sup>How long</sup> *gives history of 10 years*

Immediate *Exhaustion and Vomiting* <sup>How long</sup> *3 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Roger Brooke*

Address *Sandy Spring, Md.*

Accident or Suicide?



Name  
in  
Full

Ann Elisabeth Engle

## CERTIFICATE OF DEATH

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NEAREST FRIEND

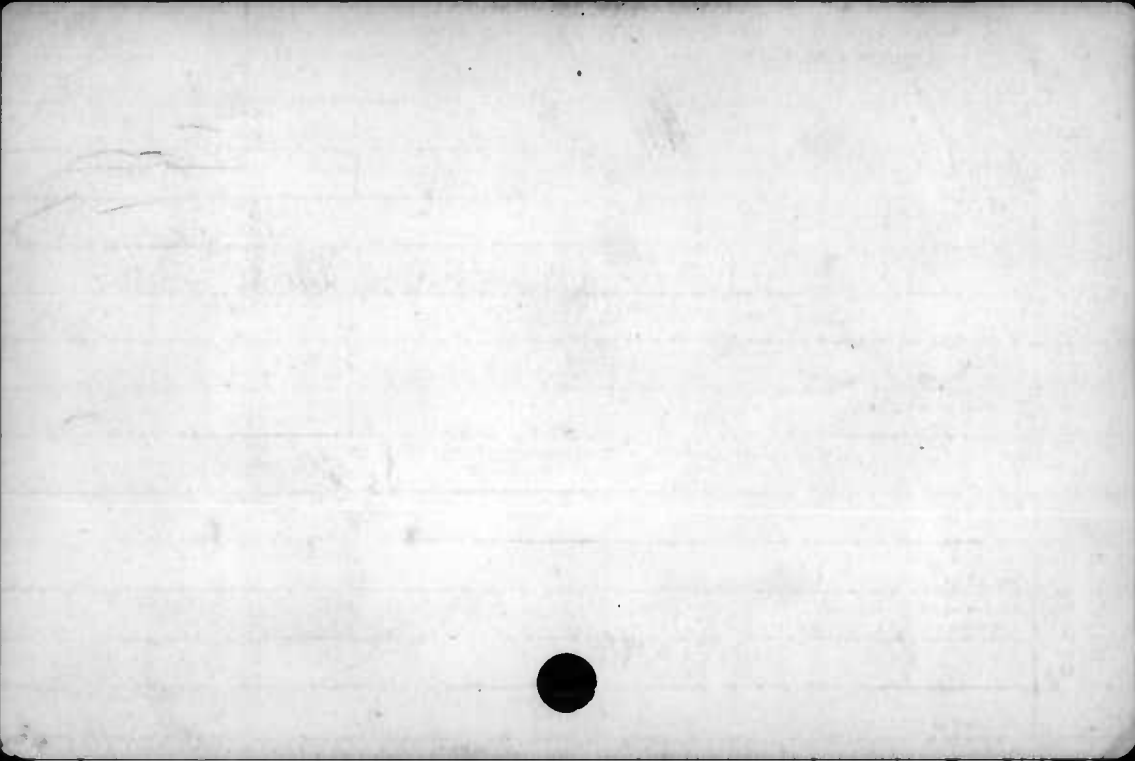
Died at <u>Gaithersburg</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>17</u>	Age <u>1</u> Years	Months <u>6</u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto, Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John P. Engle</u>		Father's Birthplace <u>W. Va.</u>			
Mother's Maiden Name <u>Edith R. Williams</u>		Mother's Birthplace <u>Balto, Md.</u>			
Name of person giving information <u>Mrs Engle</u>		How related to deceased <u>mother</u>			

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <u>Acute Ascending Spinal Meningitis</u>	How long <u>3 wks.</u>
Immediate <u>Exhaustion</u>	How long <u>1</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Haddock</u>
	Address <u>Gaithersburg Md.</u>
Accident or Suicide? <u>  </u>	



Name  
in  
Full

Gustavus Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Wheaton</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1907	Month	June	Day	15	Age	67
Sex	Male	Color or Race	White	Birth-place	Montgomery Co	Months	11
Occupation	Farmer		Where Residing if not at place of death	Wheaton Dist.			
Married, Single or Widowed	Widower		Name of Wife or Husband	— Wolfe			
Father's Name	Francis Black		Father's Birthplace	Germany			
Mother's Maiden Name	Elizabeth		Mother's Birthplace	Germany			
Name of person giving information	B. Carr		How related to deceased	Nephew			

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	Depressed Fractured Skull, and scalp torn from head.	How long	Mr. Black's horse ran away with him.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. H. Hannard
Mr. Black's head struck one of sharp stones on public road.		Address	Rockville
Accident or Suicide?	Accident		



Name

in  
Full

## CERTIFICATE OF DEATH

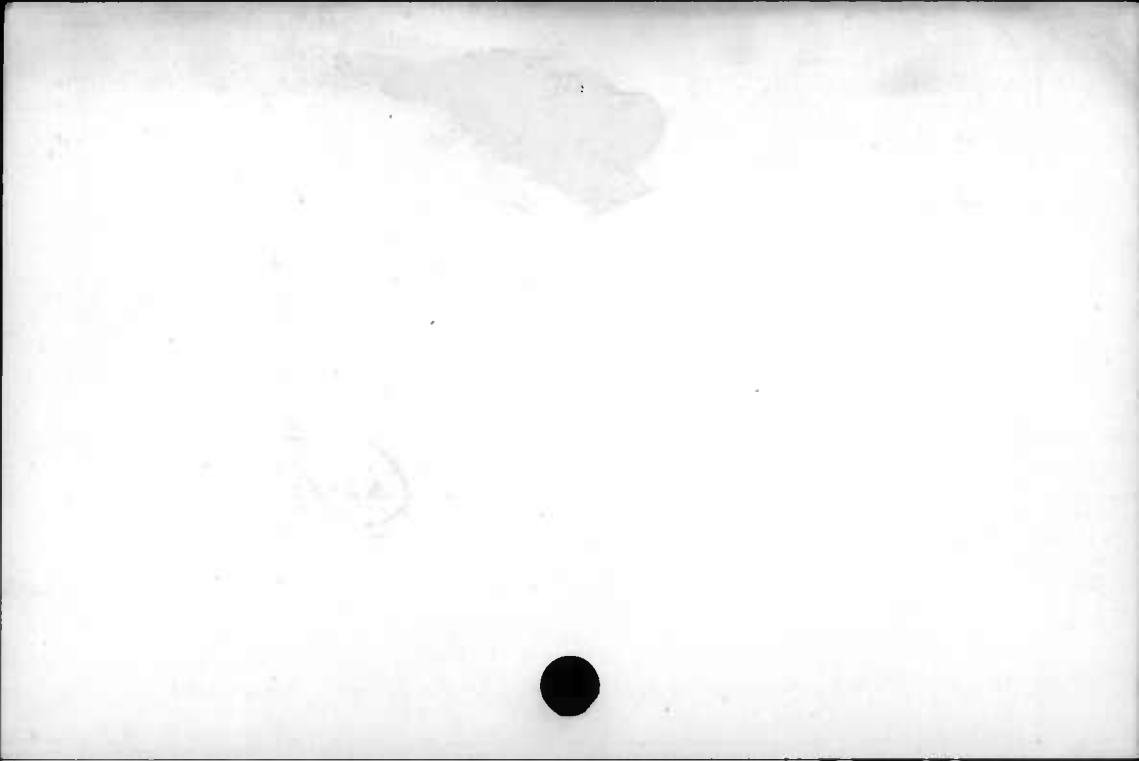
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cabin John</i>		Town <i>John</i>		County <i>Montgomery</i>		STATE <b>MARYLAND</b>	
Date of death <b>1907</b>		Month <b>JUN</b>		Day <b>1</b>		Year <b>1907</b>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Age <i>76</i>		Years <i>76</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		Birth- place <i>Va</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Fry</i>		Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>	
Mother's Maiden Name <i>Don't Know</i>		Name of person giving Information <i>John H. Fry</i>		Mother's Birthplace <i>Don't Know</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>3 years</i>
Immediate <i>Uraemic Convulsions</i>	How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Pratt</i>
Address <i>Potomac</i>	
Accident or Suicide? <i>—</i>	<i>'md</i>





Name  
in  
Full

Noanellia Gartrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Unity <sup>Town</sup> Mondgomery <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> June <sup>Day</sup> 22 <sup>Years</sup> 81 <sup>Months</sup> 1 <sup>Days</sup> 1

Sex Female Color or Race White Birth-place

Occupation Farmer's wife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Bushrod Gartrell

Father's Name William Pitt Watkins Father's Birthplace

Mother's Maiden Name Harriet Burgess Mother's Birthplace

Name of person giving information H. C. Gournaud How related to deceased None

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary Organic Heart Disease How long 1 year

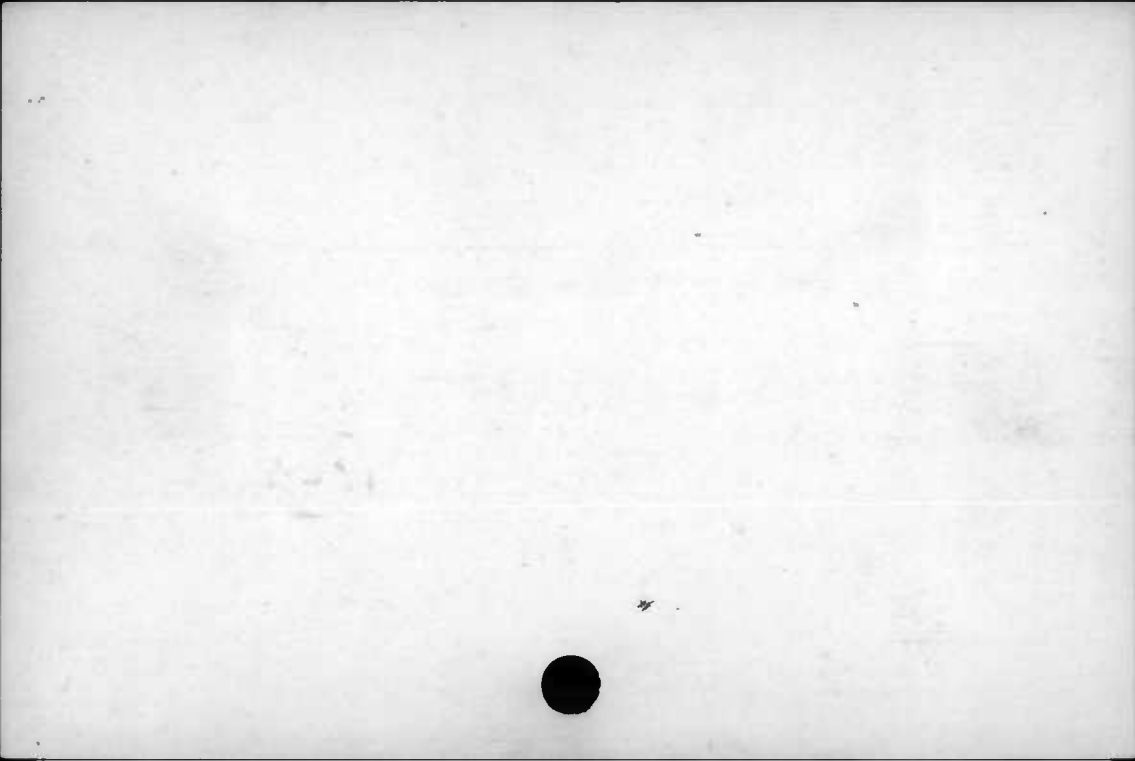
Immediate Indigestion How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. S. Spurrer

Address Unity

Accident or Suicide?



Name  
in  
Full

Reason Waters Hardisty

## CERTIFICATE OF DEATH

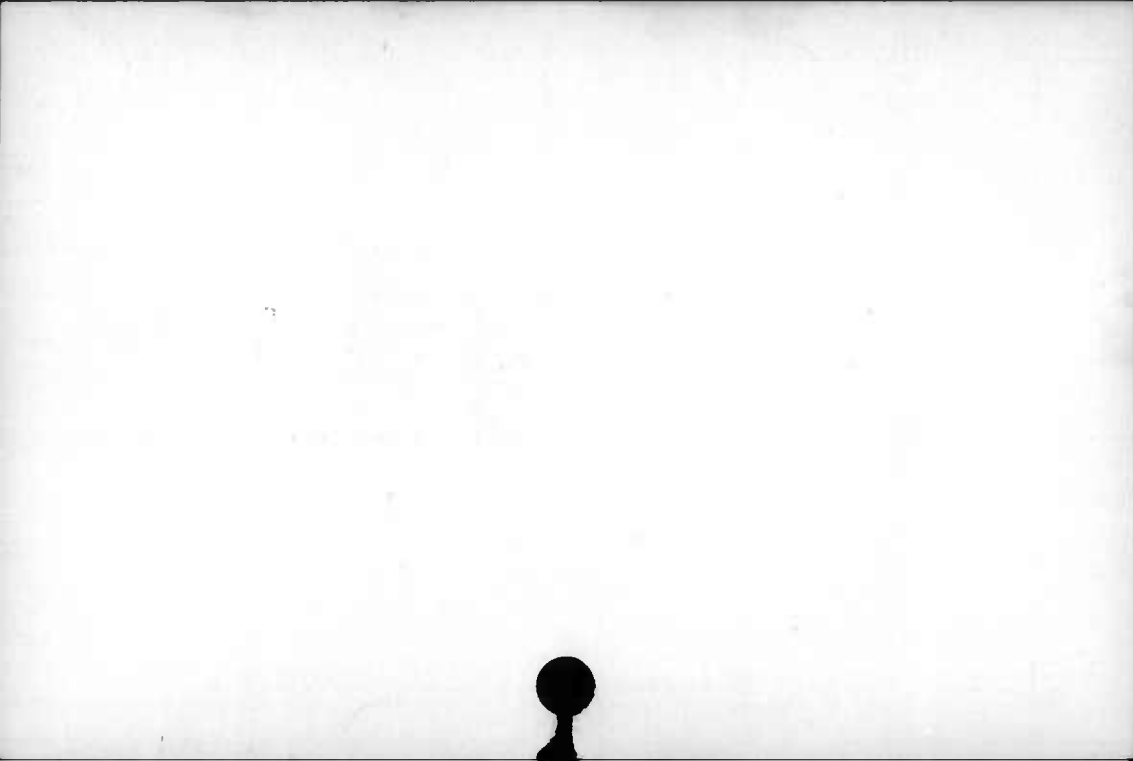
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>June</i>	Day	<i>12</i>
		Age	<i>69</i>	Years	
		Months	<i>3</i>	Days	<i>0</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Hell-digger</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elizabeth Hopkins</i>		
Father's Name	<i>Thos. Hardisty</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Mary Ann Waters</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Mrs. Penn.</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	<i>(93)</i>	How long	<i>2 weeks</i>
Immediate	<i>Pleurisy with Effusion</i>		How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes.</i>		<i>H. J. Brown</i>		
		Address		
		<i>Silver Spring</i>		
		<i>Md.</i>		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Hawkins

Town

County

Died at near Durwood

Montgomery

MARYLAND

Date  
of death 1907

Month

6

Day

4

Age

30

Months

Days

Sex

Male

Color or  
Race

Negro

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Don't know

Father's  
Name

Hilary Hawkins

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

White

Mother's  
Birthplace

Maryland

Name of person giving  
information

Beall

How related  
to deceased

Not at all

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Six months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

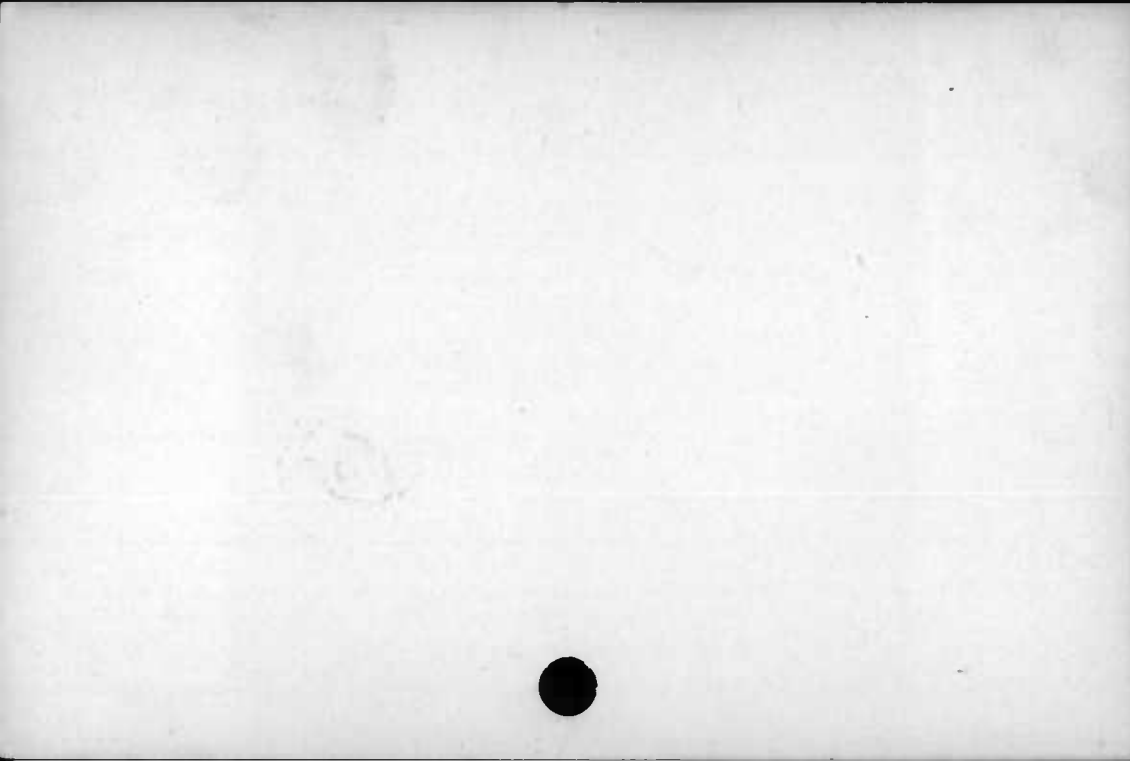
Edward Anderson M.D.

Address

Rockville, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

*Earle Jackson*

MARYLAND

Died at *near Dousounte* *Monty* *County*

Date of death *1907* *6* *10* *Age* *4* *Months* *Days*

Sex *Female* Color or Race *negro* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death

Married, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name *Wm. Jackson*

Father's Birthplace *Ind.*

Mother's Maiden Name *Harriet Mason*

Mother's Birthplace *Ind.*

Name of person giving information *Physician*

How related to deceased *None*

CAUSES OF DEATH

**(27)**

Primary *Pulmonary tuberculosis* How long *3 months*

Immediate *Asthma* How long *12 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

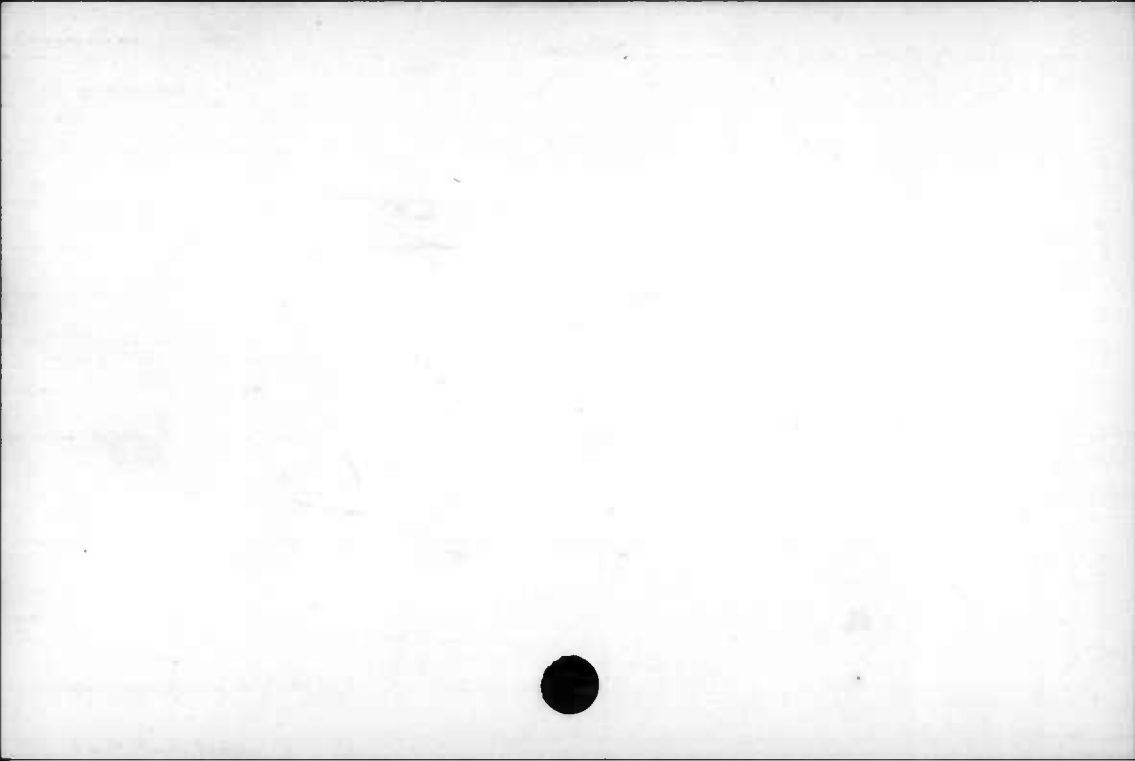
Signature of Physician *A. D. House M.D.*

Address *Dousounte Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joe T. Hos. Jenkins*

Town *Danversville* County *Mich.*

Died at *Danversville*

Date of death *1907* Month *6* Day *10* Age *10* Years Months *9* Days *1*

Sex *Male* Color or Race *Negro* Birth-place *Ind.*

Occupation *House* Where Residing if not at place of death *Ind.*

*Married, Single or Widowed* Name of Wife or Husband *—*

Father's Name *T. Hos. Jenkins* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Greer* Mother's Birthplace *Ind.*

Name of person giving information *Physician* How related to deceased *Nephew*

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary *Pulmonary tuberculosis* How long *6 mo.*

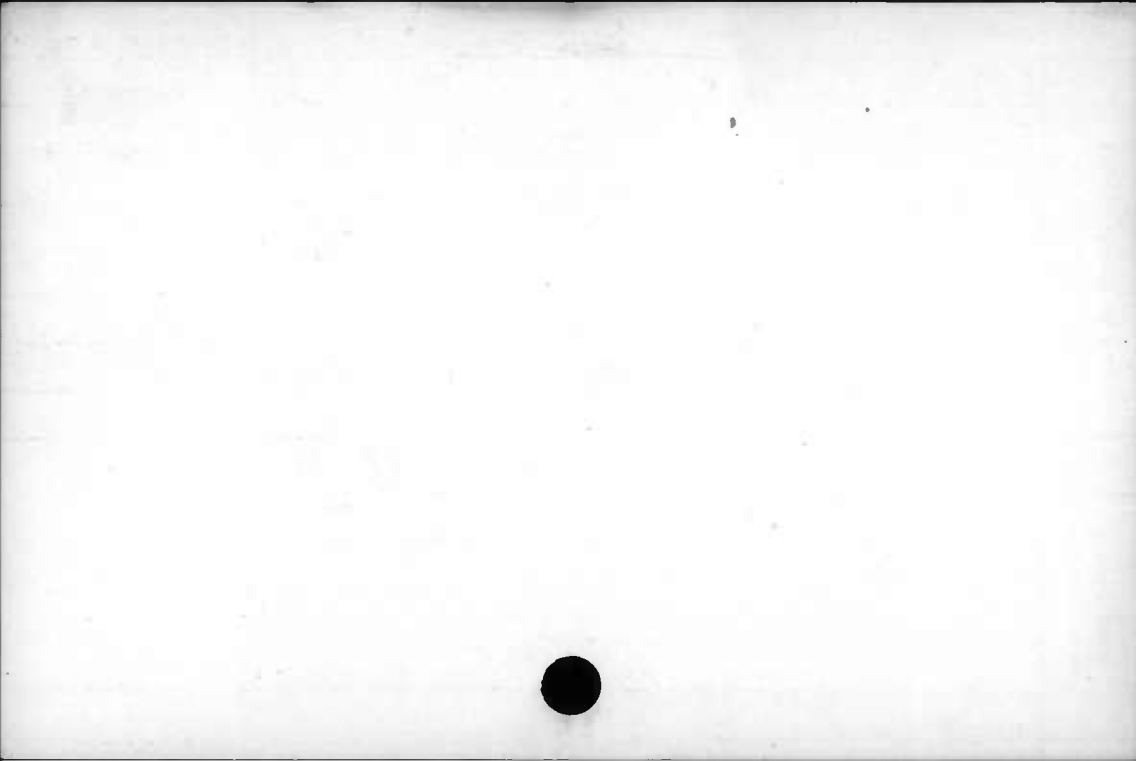
Immediate *Asthma* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. D. Boursett*

Address *Danversville Ind.*

Accident or Suicide? *—*



Name  
in  
Full

Nattie R. Kefauver

## CERTIFICATE OF DEATH

Died at *Bertie* <sup>Town</sup>*Montgomery* <sup>County</sup>

MARYLAND

Date

of death 1907

Month

6

Day

23

Years

Age 26

Months

Days

Sex

*Female*Color or  
Race*white*Birth-  
place*Montg. Co. Md.*

Occupation

*House-wife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Joseph L. Kefauver*Father's  
Name*Wm. Roushew*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Hiffer*Mother's  
Birthplace*Maryland*Name of person giving  
Information*Jacob Kefauver*How related  
to deceased*Father-in-law*

## CAUSES OF DEATH

79

Primary

*Heart Disease*

How long

*not known*

Immediate

*Heart Failure*

How long

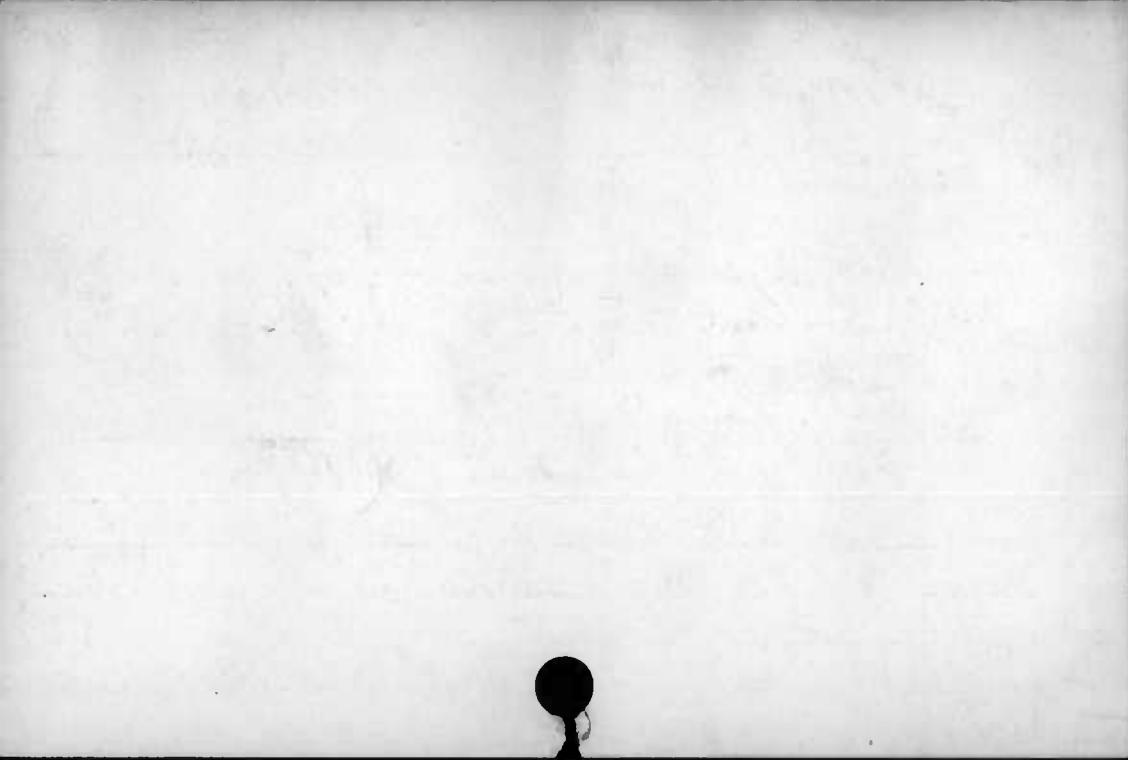
*1 1/2 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*John L. Lewis M.D.  
Bertie  
Md.*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Hurricula Reeves*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

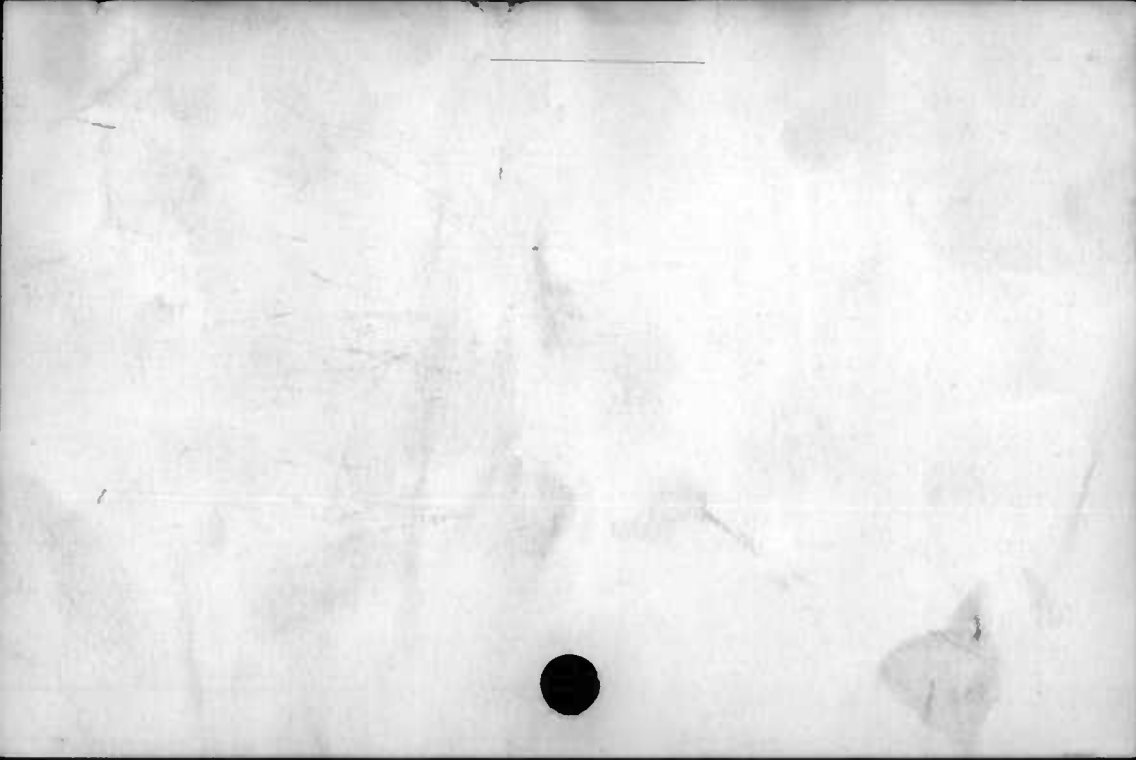
Died at <i>New London</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>30</i>	Age <i>abt 13</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Don't know</i>				
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

**104**

PHYSICIAN  
OR CORONER

Primary <i>Chronic dyspepsia</i>	How long <i>Several years</i>
Immediate <i>E. Thrombosis</i>	How long <i>x</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Furthman</i>
	Address <i>Roadville Ind</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Johnson Lewis</b>		Town <b>Lindern</b>		County <b>Montgomery</b>		State <b>MARYLAND</b>	
Died at <b>Lindern</b>		Month <b>June</b>		Day <b>12</b>		Age <b>55</b>	
Date of death <b>1907</b>		Month <b>June</b>		Day <b>12</b>		Age <b>55</b>	
Sex <b>Male</b>		Color or Race <b>Agro</b>		Birth-place <b>Va</b>		Months <b>-</b>	
Occupation <b>Lab.</b>		Where Residing if not at place of death <b>Same</b>		Months <b>-</b>		Days <b>-</b>	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary Lewis</b>		Father's Birthplace <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>	
Father's Name <b>Don't Know</b>		Mother's Maiden Name <b>" "</b>		How related to deceased <b>none</b>		Name of person giving information <b>Richard Wright</b>	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Cerebral Hemorrhage</b>		How long <b>1 yr</b>	
Immediate <b>Paralysis</b>		How long <b>1 yr</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W. L. Lewis, M.D.</b>	
		Address <b>Kneassville</b>	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Minneapolis*

Died at *Still born near hospital* Town *Minneapolis* County *Minneapolis*

MARYLAND

Date of death *1907*

Month *6*

Day *12*

Age

Years

Months

Days

Sex *Female*

Color or Race *white*

Birth-place *Ind*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *John S. Minneapolis*

Father's Birthplace *Ind*

Mother's Maiden Name *Allice M. —*

Mother's Birthplace *Ind*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

*Still born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. M. Richardson*

Address *Rockville*

Accident or Suicide?

*Ind*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

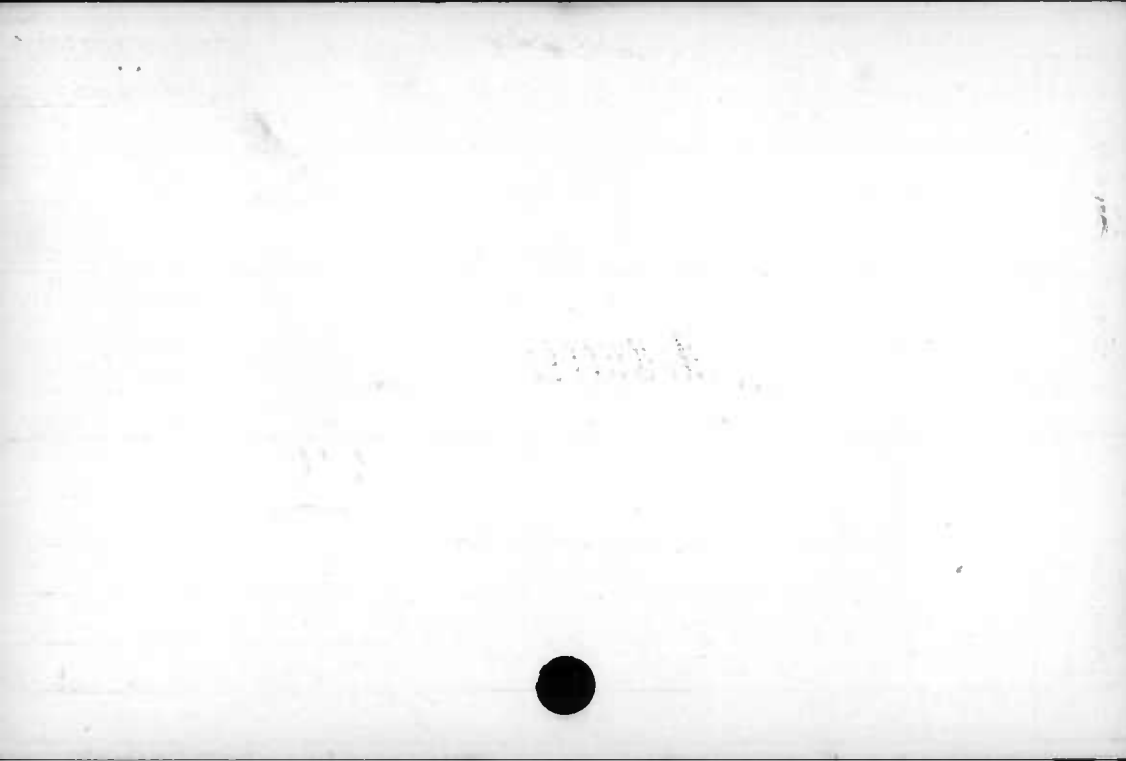
Name in Full <b>Margaret Jane Moore</b>		Town <b>Seagar Bend.</b>		County <b>Montgomery</b>		State <b>MARYLAND</b>	
Died at <b>Seagar Bend.</b>		Date of death <b>1907</b>		Age <b>25</b>		Months <b>3</b>	
Month <b>6</b>		Day <b>25</b>		Years <b>—</b>		Days <b>29</b>	
Sex <b>Female</b>		Color or Race <b>Negro</b>		Birth-place <b>Ind.</b>			
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>John H. Moore</b>				Father's Birthplace <b>Ind.</b>			
Mother's Maiden Name <b>Harriet Brandt</b>				Mother's Birthplace <b>Ind.</b>			
Name of person giving information <b>Physician</b>				How related to deceased <b>None</b>			

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <b>Acute indigestion</b>	How long <b>2 da.</b>
Immediate <b>Unknown</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. D. Howard M.D.</b>
	Address <b>Danversville Ind.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Joseph Newman</i>		Town <i>Beane</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>3</i>		Years <i>57</i>	
Date of death		1907		Age		Months <i>57</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Newman</i>					
Father's Name <i>-</i>		Father's Birthplace <i>Va</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>Va</i>					
Name of person giving information <i>Martha Newman</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

(40)

PHYSICIAN  
OR CORONER

Primary	<i>Gastric Cancer</i>	How long <i>about 18 mos</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John L. Lewis M.D.</i>
Accident or Suicide? <i>no</i>		Address <i>Pickensville Md.</i>



Name  
in  
Full

Samuel Orrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

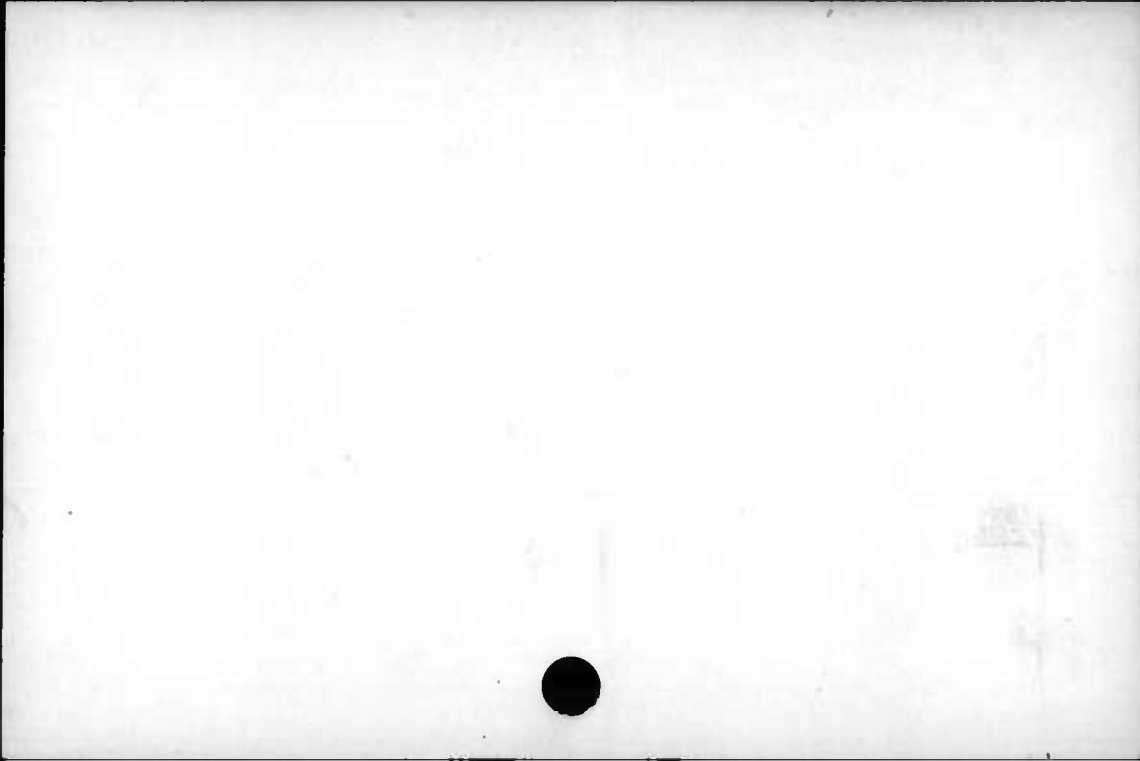
Died at <i>Leoliville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>June</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>74</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margareh Orrison</i>				
Father's Name <i>Abel Orrison</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Catharine Huff</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Margareh Orrison</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis of Heart</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. T. Brown</i>
<i>Geo</i>	Address <i>Silver Spring Md</i>
Accident or Suicide?	





Name  
in  
Full

Samuel A. Phillips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherry Chase Lake</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>June</i>	<i>4</i>	<i>66</i>	<i>7</i>	<i>—</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>white</i>		<i>Ped.</i>		
Occupation			Where Residing if not at place of death		
<i>none</i>			<i>✓</i>		
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>	<i>Mary E Phillips</i>				
Father's Name	Father's Birthplace				
<i>W<sup>m</sup> Phillips</i>	<i>Pa</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Caroline Fudge</i>	<i>MA</i>				
Name of person giving information			How related to deceased		
<i>Geo E Phillips</i>			<i>son</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bright's Dis</i>	How long	<i>1 yr</i>
Immediate	<i>Convulsions &amp; Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W L Lewis</i>	
		Address	
		<i>Kensington</i>	
		<i>MA</i>	
Accident or Suicide?			
<i>no</i>			



Name  
in  
Full

Rachel Powell

## CERTIFICATE OF DEATH

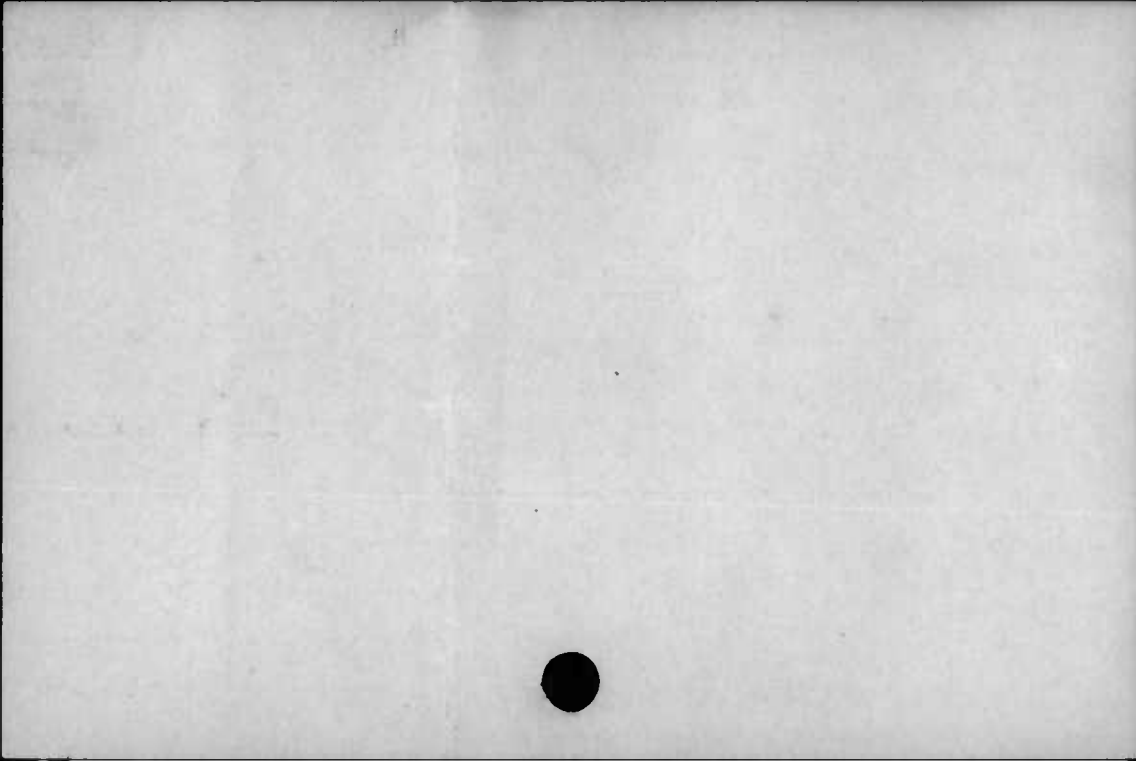
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Brinklow</i>		<sup>County</sup> <i>Montg.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>9</i>	Age <i>76</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pruce George Co.</i>		
Occupation <i>General Housework</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Alfred Powell</i>				
Father's Name <i></i>	<i>Waters</i>			Father's Birthplace <i>Unobtainable</i>	
Mother's Maiden Name <i></i>	<i>Unobtainable</i>			Mother's Birthplace <i>Unobtainable</i>	
Name of person giving information <i>Ella Pinkney</i>	<i></i>			How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	<i>1574</i>	How long <i></i>
Immediate <i>Heart Failure</i>		How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hugh Stabler</i>	
	Address <i>Brighton</i>	
Accident or Suicide? <i></i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Glen</i>		Town <i>Ministry</i>		County		MARYLAND	
Date of death	1907	Month	June	Day	23	Age	94
Sex	Female	Color or Race	white	Birth-place	MD	Months	
Occupation	Daisy			Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed	widowed			Name of Wife or Husband <i>Henry J. Schriener</i>			
Father's Name	<i>Michael Ebberts</i>			Father's Birthplace <i>MD</i>			
Mother's Maiden Name	<i>Elizabeth Kohler</i>			Mother's Birthplace <i>MD</i>			
Name of person giving information	<i>Herman Schriener</i>			How related to deceased <i>son</i>			

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchitis</i>	How long	<i>10 days</i>
Immediate	<i>Shock due to fall</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Eugene Jones</i>	
<i>True Copy</i>		Address <i>Kinsington MD</i>	
Accident or Suicide? <i>no</i>			



Name in Full		Certificate of Death			
Louise Steiner		Died at Glen Echo		County Montgomery	
Date of death 1907		Month 6	Day 5	Age 1	Months 4
Sex Female		Color or Race Colored		Birth-place Glen Echo	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Conrad Steiner		Father's Birthplace Prince Georges Co. Md.			
Mother's Maiden Name Gertrude Kunkel		Mother's Birthplace Glen Echo, Md.			
Name of person giving information Conrad Steiner		How related to deceased Father			
CAUSES OF DEATH					
Primary Pneumonia		How long two weeks			
Immediate Cardiac Failure		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John L. Lewis, M.D.			
		Address Bethesda			
Accident or Suicide? No		Md.			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

193





Name  
in  
Full

## CERTIFICATE OF DEATH

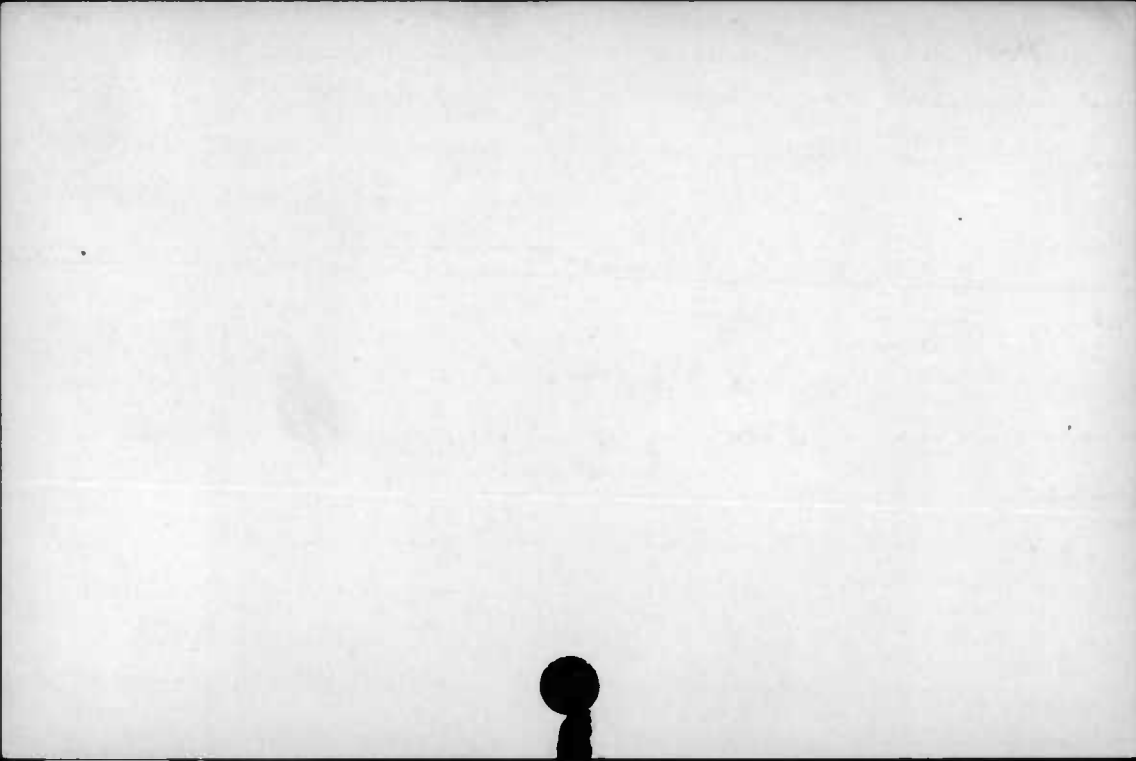
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MAYLAND	
Date of death	1907	Month	6	Day	16	Age	70
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death		X	
Married, Single or Widowed	Widow		Name of Wife or Husband	Stocker			
Father's Name	Don't know					Father's Birthplace	Virginia
Mother's Maiden Name	Don't know					Mother's Birthplace	Virginia
Name of person giving information	William Rabbitt					How related to deceased	Not at all

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Influenza</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<i>Edward Anderson</i>		
Address	<i>Rockville, Md.</i>		
Accident or Suicide?			



Name  
in  
Full

Charles Worth Wood

## CERTIFICATE OF DEATH

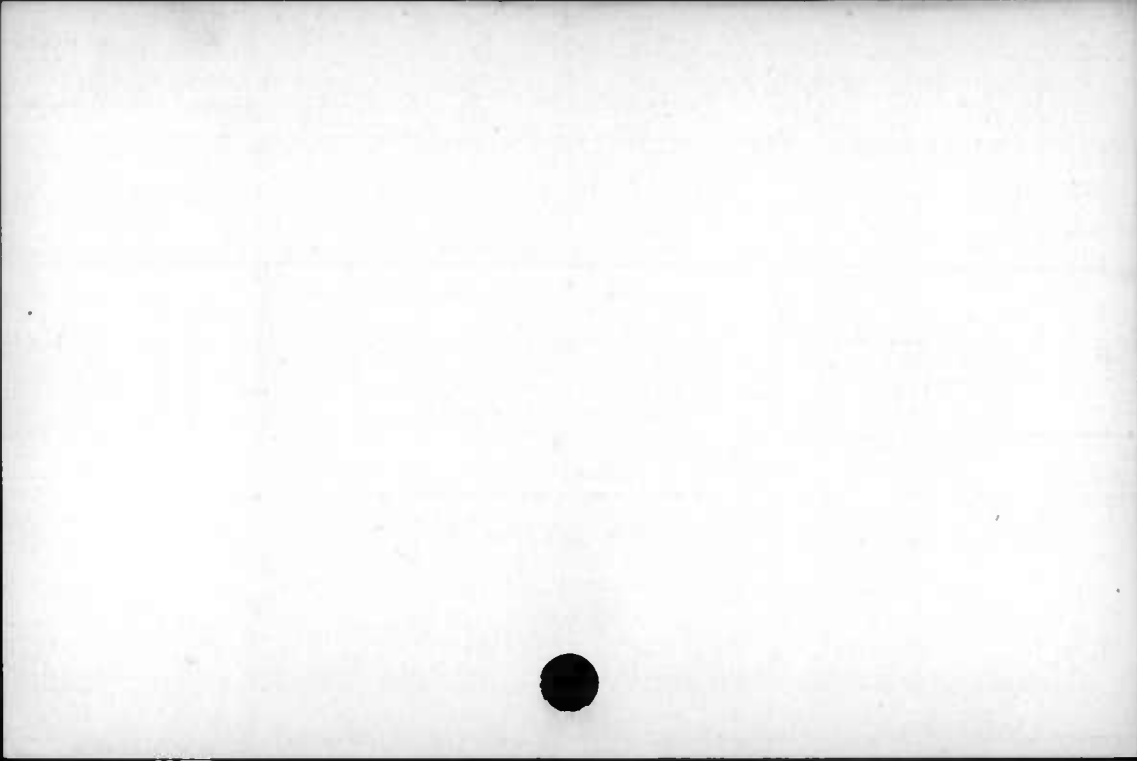
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>19</i>	Age <i>71</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bohlsville Md</i>		
Occupation <i>Lock-keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Columbia Whalen</i>				
Father's Name <i>Charles Worth Wood</i>	Father's Birthplace <i>Eng Land</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Alexandria Va</i>				
Name of person giving information <i>Ernest Wood</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Died suddenly</i>	(179)	How long
Immediate <i>unknown</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Richard Platt Subreg</i>	Address <i>Bohlsville Md</i>
Accident or Suicide? <i>no</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death

1907

Month

June

Day

5

Years

63

Month

Days

MARYLAND

Sex

Female

Color or  
Race

American

Birth-  
place

Virginia

Occupation

Housewife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

John W. Young

Father's  
Name

B. Thompson

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Kate Shibley

Mother's  
Birthplace

Virginia

Name of person giving  
information

M. Young

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Cranial Pneumonia

How long

10 days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

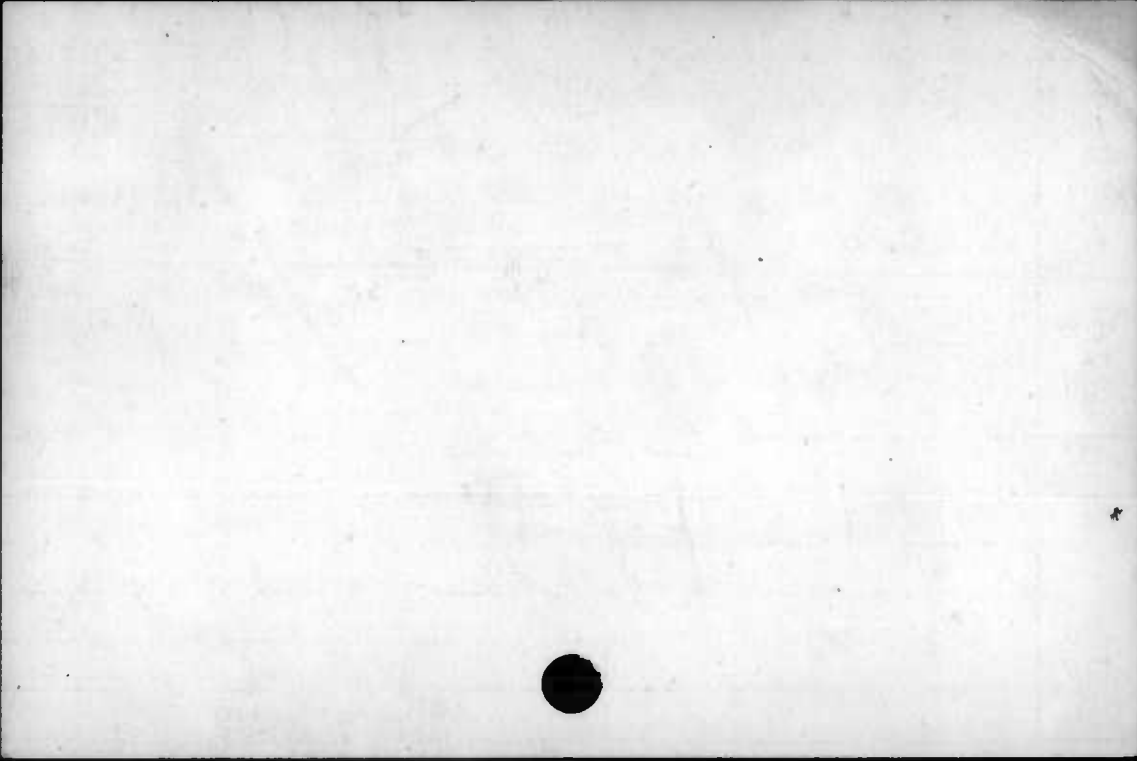
C. J. Jones

Address

Huntington

Accident or Suicide?

No



Name  
in  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Seven Locks</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>15 June</i>	Month	<i>June</i>	Day	<i>25</i>	Age	<i>Supposed past middle age</i>
Sex	<i>Male</i>	Color or Race	<i>Supposed black</i>	Birth-place	<i>Unknown</i>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>do not know</i>		Name of Wife or Husband	<i>Unknown</i>			
Father's Name	<i>All is unknown to</i>			Father's Birthplace	<i>no friend known</i>		
Mother's Maiden Name	<i>Jenny</i>			Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<i>drowning supposed 70 days</i>	How long	
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Supposed Accident</i>		
Signature of Physician	<i>William C. Gwynn</i>		
Address	<i>3336 - 6. St. Wash D.C.</i>		
Accident or Suicide?			

